

**Theravance**RECEIVED
CENTRAL FAX CENTER

APR 12 2005

Facsimile Cover Sheet

To: U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Fax: (703) 872-9306

From: Jeffrey A. Hagenah, Legal Dept.
Company: Theravance, Inc.
901 Gateway Boulevard
South San Francisco, California 94080 USA

Telephone: (650) 808-6406
Fax: (650) 808-6078

Date: April 12, 2005
of pages: 3 pages
(Including this page)

Re: U.S. Serial No. 09/732,241 **Attorney Docket No.:** P-095-US1
entitled: Therapeutic Carbamates

OFFICIAL PAPERS

Att: Power of Attorney and Correspondence Address Indication Form (1-page)
Statement Under 37 CFR 3.73(b) (1-page)

Certificate of Facsimile Transmission

I hereby certify that this correspondence is being transmitted on the date shown below via facsimile to the Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 at the facsimile number indicated below.

Dated: April 12, 2005Facsimile Number: (703) 872-9306By: Joyce G. Cohen

Joyce G. Cohen, Reg. No. 44,622

PRIVILEGED AND CONFIDENTIAL**Notice of Confidentiality**

The following transmittal contains confidential information intended exclusively for the above-named person. Use or disclosure of information transmitted in error is prohibited. Please call Theravance, Inc. at the above number if you have received this fax in error, and either destroy or return the faxed enclosures to us.

BEST AVAILABLE COPY

APR 12 2005

PTO/SB/81(11-04)

Approved for use through 11/30/2005. OMB 0851-0036

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/732,241
Filing Date	December 7, 2000
First Named Inventor	MAMMEN et al.
Title	Therapeutic Carbamates
Art Unit	1625
Examiner Name	Raymond K. Covington
Attorney Docket Number	P-095-US1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27038

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

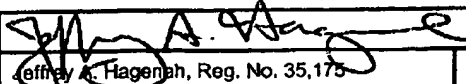
Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	April 11, 2005
Name	Jeffrey A. Hagenah, Reg. No. 35,175	Telephone	(850) 808-6406
Title and Company	Assistant Secretary of Theravance, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: MAMMEN et al.Application No./Patent No.: 09/732,241Filed/Issue Date: December 7, 2000Entitled: Therapeutic CarbamatesTheravance, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Inventors To: Advanced Medicine, Inc. (Assignment document)The document was recorded in the United States Patent and Trademark Office at
Reel 011857, Frame 0481, or for which a copy thereof is attached.2. From: Advanced Medicine, Inc. To: Theravance, Inc. (Merger document)The document was recorded in the United States Patent and Trademark Office at
Reel 013005, Frame 0079, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

April 12, 2005

Date

Jeffrey A. Hagenah, Reg. No. 35,175(650) 808-6408

Printed or Typed Name

Telephone Number

Assistant Secretary of Theravance, Inc.

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.